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PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No: 10/091,849
Filed: 03/06/2002
Confirmation No.: 8604
Applicant: Steven T. Boyce
Title: **APPARATUS FOR PREPARING A BIOCOMPATIBLE MATRIX**
Art Unit: 3764
Examiner: Unknown
Att'y Dock: CUT-02

Cincinnati, Ohio 45202

April 29, 2002

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

REQUEST FOR CORRECTED FILING RECEIPT

Attached is a copy of the Official Filing Receipt from the PTO in the above application for which issuance of a Corrected Filing Receipt is respectfully requested.

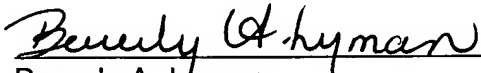
There is an error with respect to the information listed in the section of the Filing Receipt under the heading "Assignment For Published Patent Application". It should read "University of Cincinnati and Shriners Hospitals for Children, Cincinnati, OH".

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Applicant believes that no fee is due. However, if any fee or surcharge is deemed necessary, please charge same or credit any overpayment to Deposit Account No. 23-3000.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.


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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/091,849	03/06/2002	3764	904	CUT / 02	8	42	11

CONFIRMATION NO. 8604

FILING RECEIPT



OC00000007823995

Beverly A. Lyman
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Date Mailed: 04/08/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Steven T. Boyce, Cincinnati, OH;

Assignment For Published Patent Application

University of Cincinnati and Shriners Hospitals For Children, of Room G-7 Wherry Hall, Cincinnati, OH;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 04/08/2002

Projected Publication Date: 09/11/2003

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Apparatus for preparing a biocompatible matrix

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WOOD, HERRON & EVANS, L.L.P.

Preliminary Class

602

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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 8604

SERIAL NUMBER 10/091,849	FILING DATE 03/06/2002 RULE	CLASS 602	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. CUT / 02	
APPLICANTS Steven T. Boyce, Cincinnati, OH;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 04/08/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 11
ADDRESS Beverly A. Lyman Wood, Herron & Evans, L.L.P. 2700 Carew Tower 441 Vine Street Cincinnati, OH 45202-2917					
TITLE Apparatus for preparing a biocompatible matrix					
FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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